

Armed Forces College of Medicine AFCM

Neuroscience Module/ Prof Azza Kamal





Functional Areas of Cerebral Hemispheres

BY Prof Azza Kamal

Intended Learning Outcomes

By the end of this lecture, the student will be able to:

- 1. Locate the main functional areas of the cerebral hemispheres.
- 2. Predict effect of lesion in any of these areas.
- 3. Define cerebral asymmetry & cerebral dominance.

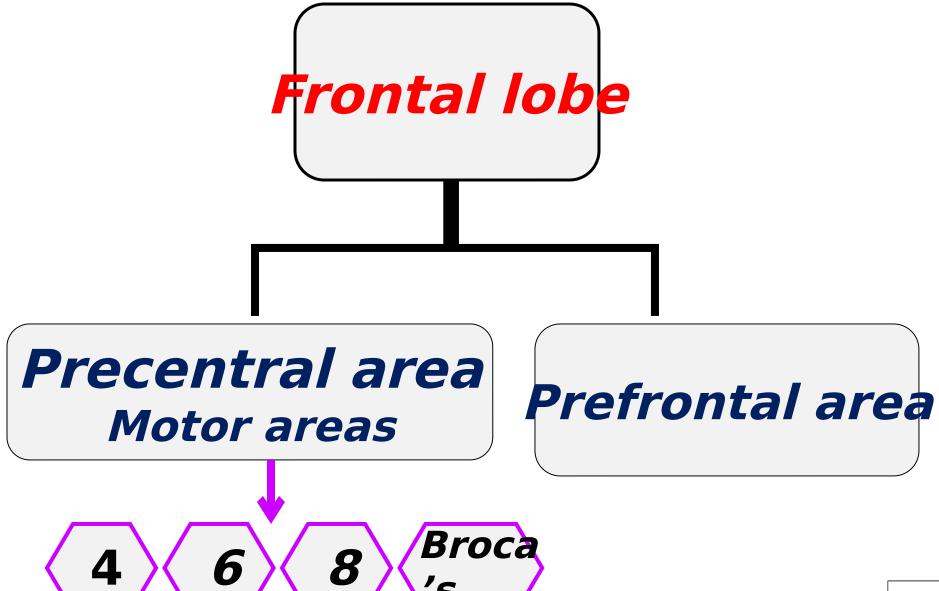


KEY POINTS OF LECTURE

1) Functional areas of FRONTAL lobe and the effects of lesion 2) Functional areas of PARIETAL lobe and the effects of lesion 3) Functional areas of TEMPORAL lobe and the effects of lesion 4) Functional areas of OCCIPITAL lobe and the effects of lesion

Functional Areas The Frontal Lobe

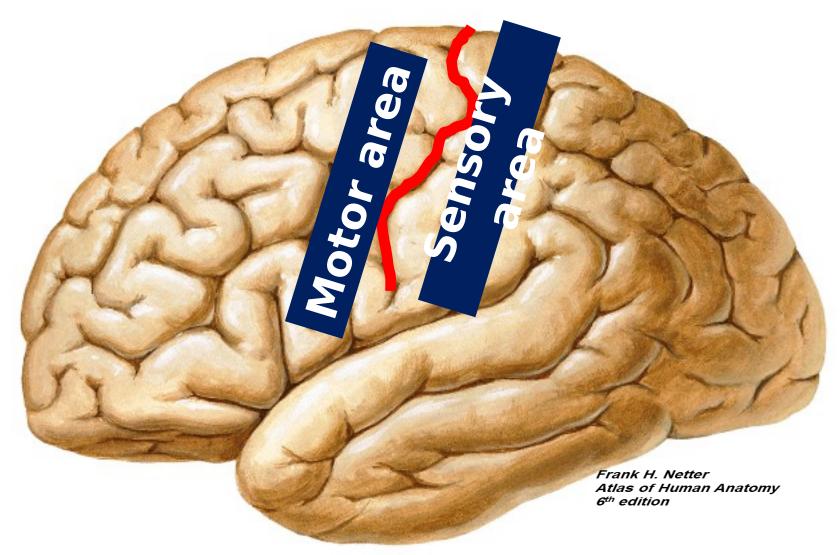




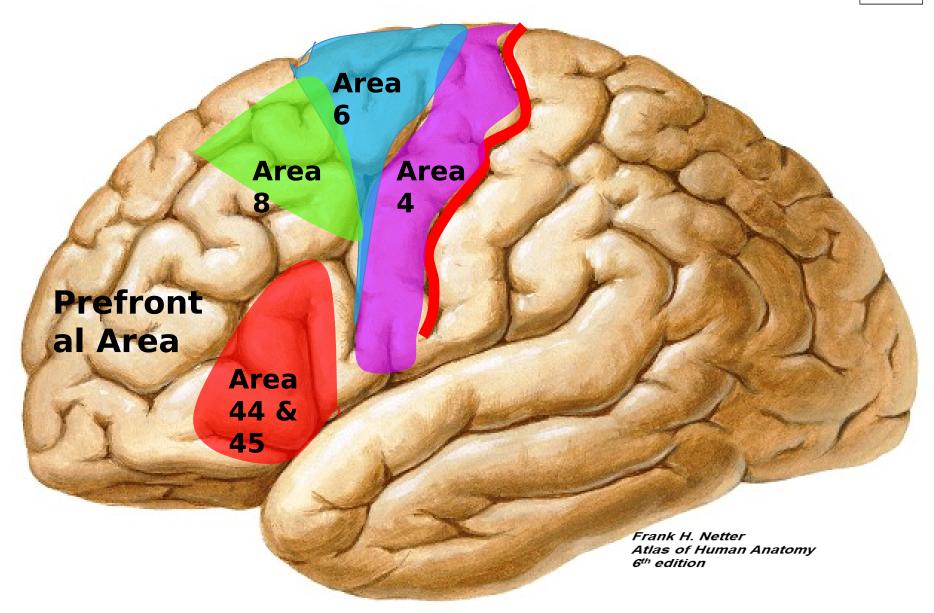




Central sulcus







Area 4 Primary motor area

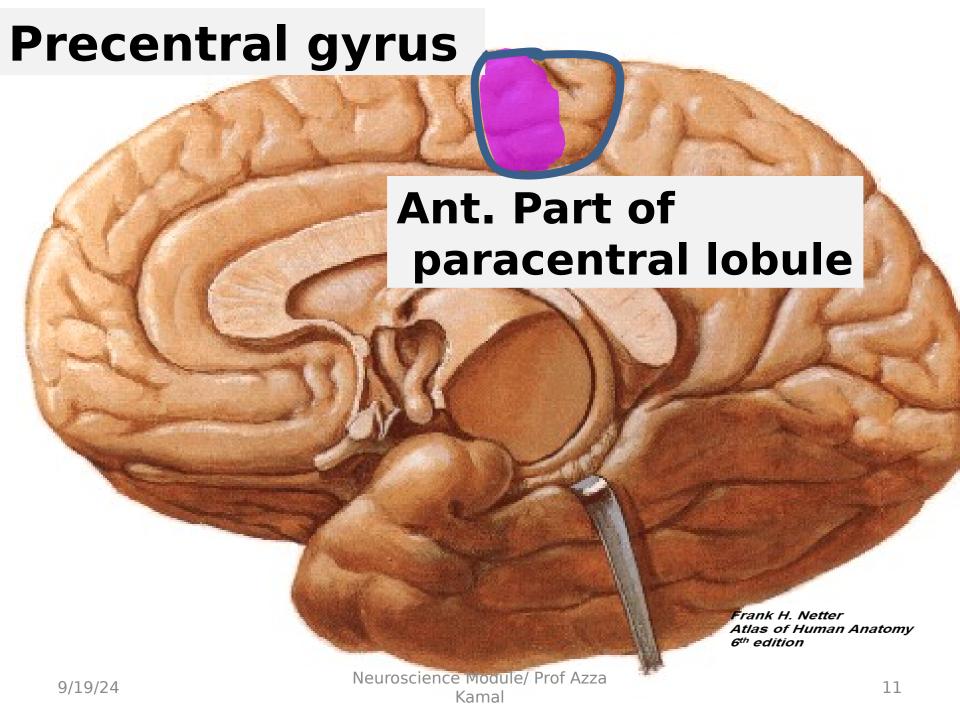
site representatic function

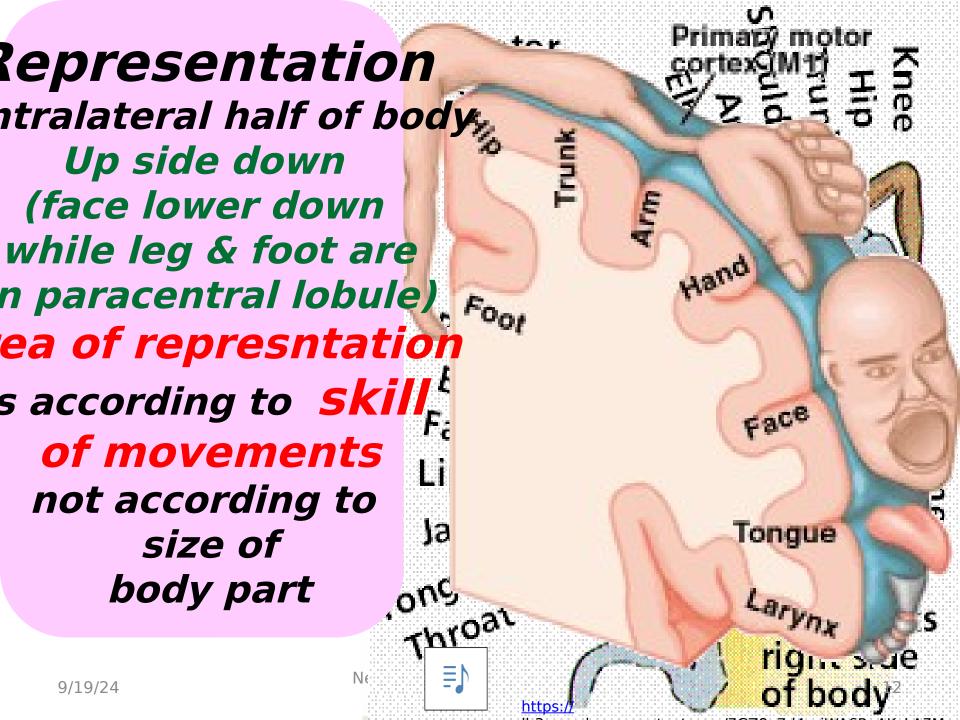
lesion



- Area 4 (Primary motor area):

 Site: Precentral gyrus & ant. part of
- □ Body representation: it contains a map of contralateral ½ of body represented upside down
- (motor homunculus) so face is lower down & leg and foot in paracentral lobule.
- Representation is proportionate to skill; so parts with fine skilled movements e.g. hands occupy largareas.
- Prof Azza
 Prunction: initiates discrete voluntary



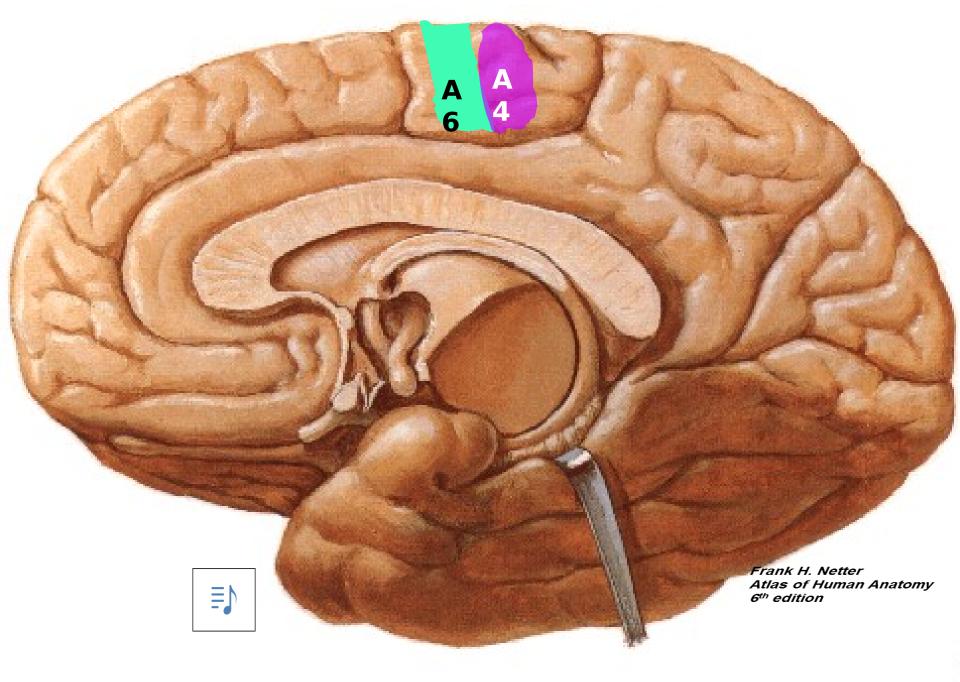


Premotor Area

- ☐ Site ☐ infront of area 4 in sup., middle & inf. frontal gyri + extends on med. surface
- ☐ Functions ☐ plans the movement & stores the plan. It adjusts the posture to start the movement. It inhibits muscle tone & grasp reflex.
- Lesion [] awkwardness of movements "apraxia", spasticity of muscles & reappearance of

arach roflov

13



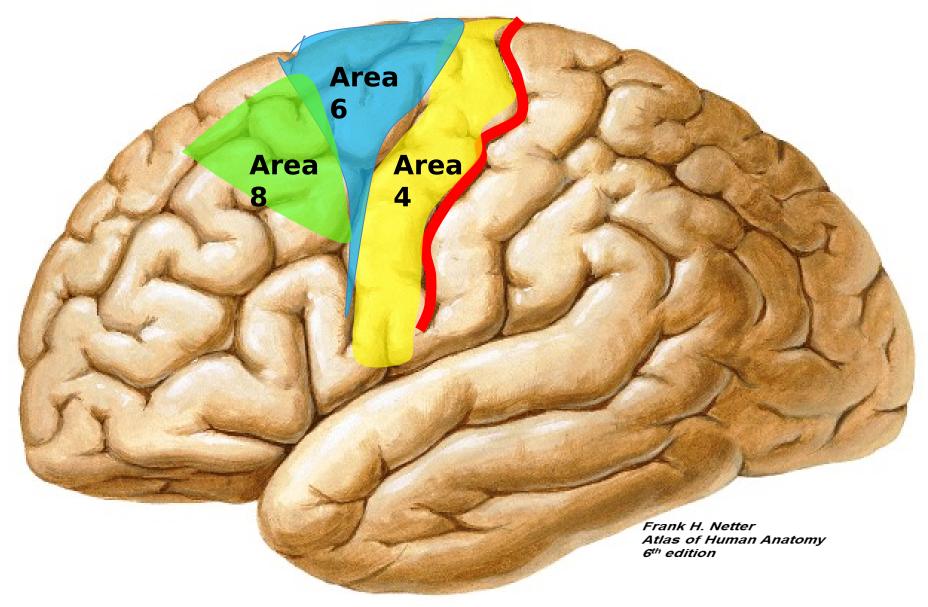
ea 8 (frontal eye fiel

- Site [] infront of area 6 in sup. & middle frontal gyri
- ☐ Function ☐ voluntary conjugate eye movements. Its stimulation leads to contralateral deviation of both eyes.
- Lesion [] 1) ipsilateral deviation of both eyes towards side of the lesion
 - 2) inability to turn eyes to

opposite side

Reflex conjugate eye movemen not affected since it is controlled by occinital eye field





Eyes deviate to the right

Function ontal eye field A8

Responsible for luntary conjugate Eye movement

Contralateral
viation of
th eyes

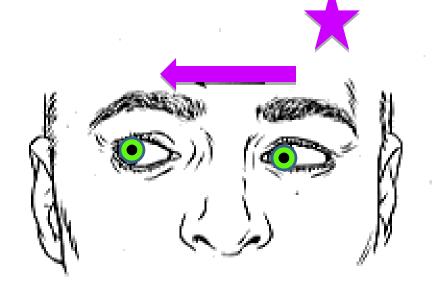
frontal eye field A

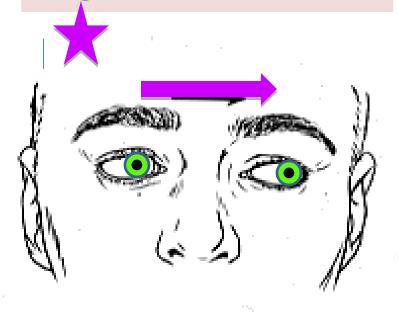
Stimulation of lef

Neurosciena

Frontal Eye Field A8

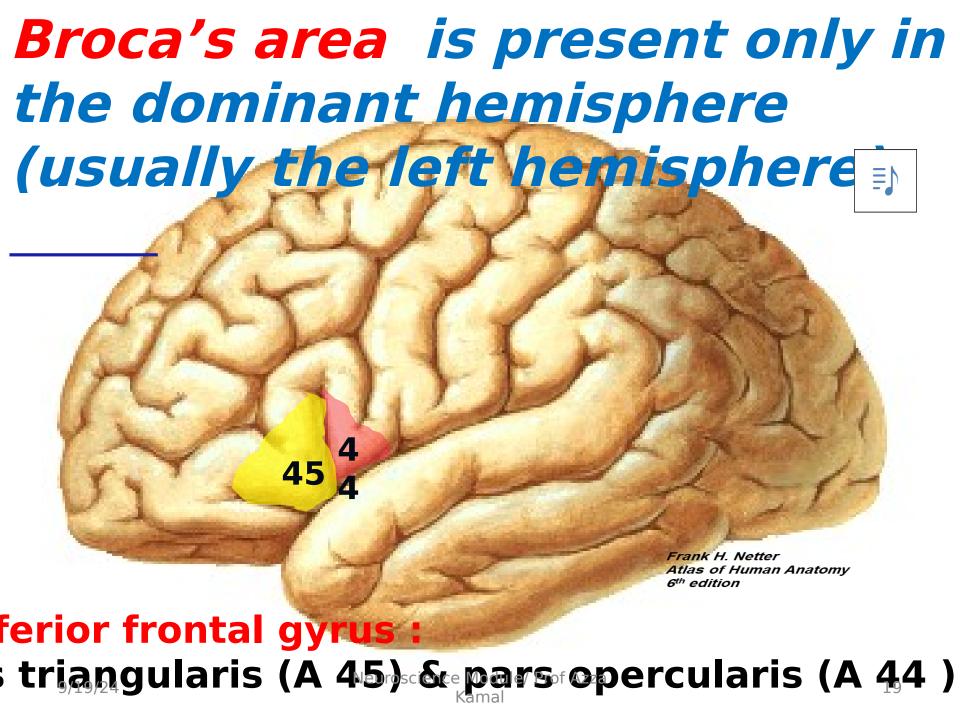
Frontal Eye Field A8





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Function

Broca's area otor speech area)
Responsible for production of ntelligible words

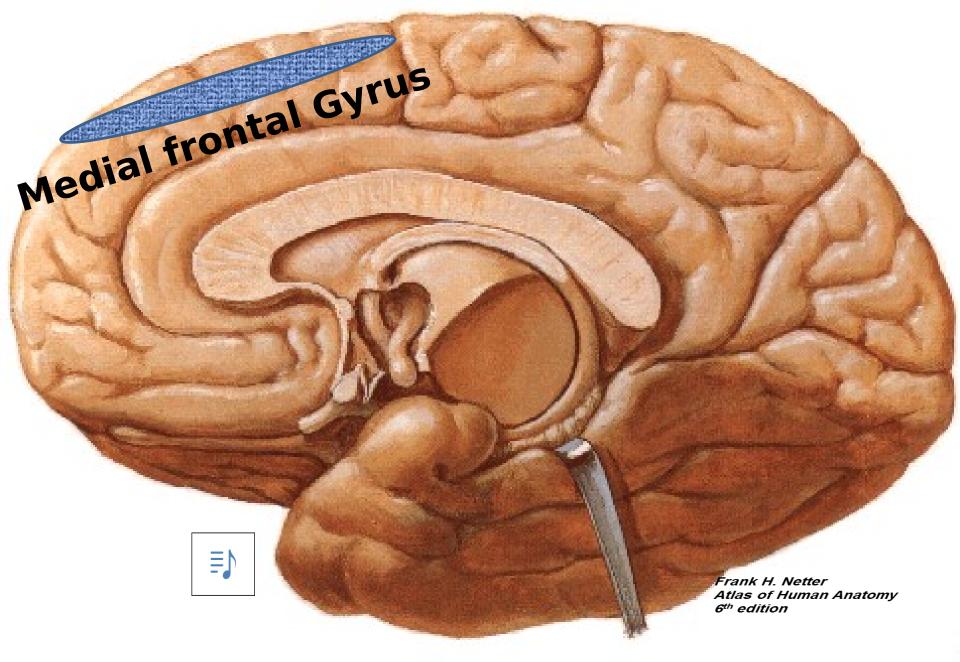
(لغة مفهومه)

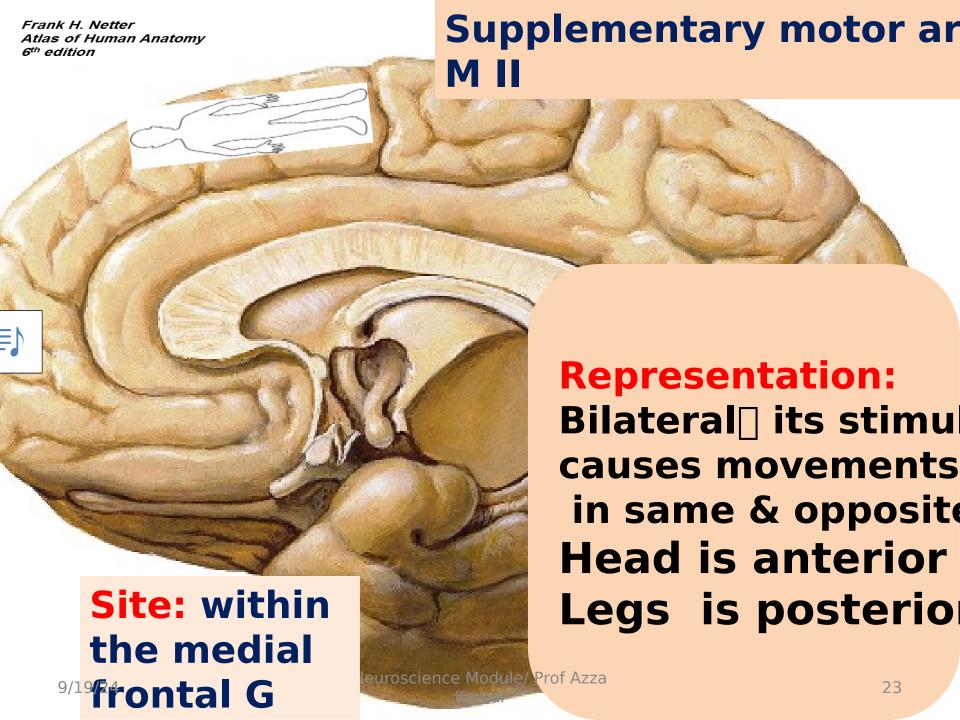
Programs sequence of muscle contractory to produce intelligible sounds (words)

then send these orders to the near

Lesion: otor (expressiv aphasia

The patient cannot pronounc e the words easily, but sele [] } the proper 21 words.





MII Function

It plans & stores programmes for difficult or complex movements for example

Bimanual movement



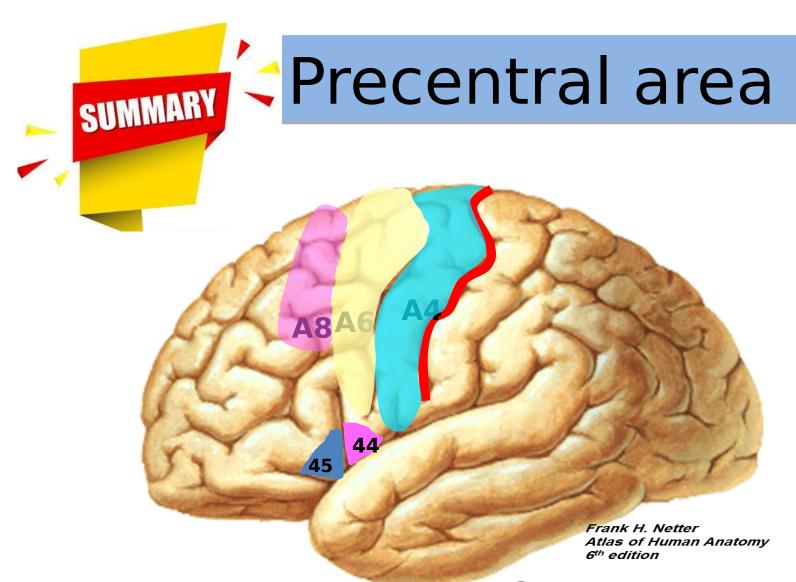
movetaiente superivre peech center



both hands

Lesion
 □ temporary : aphasia & inability to move

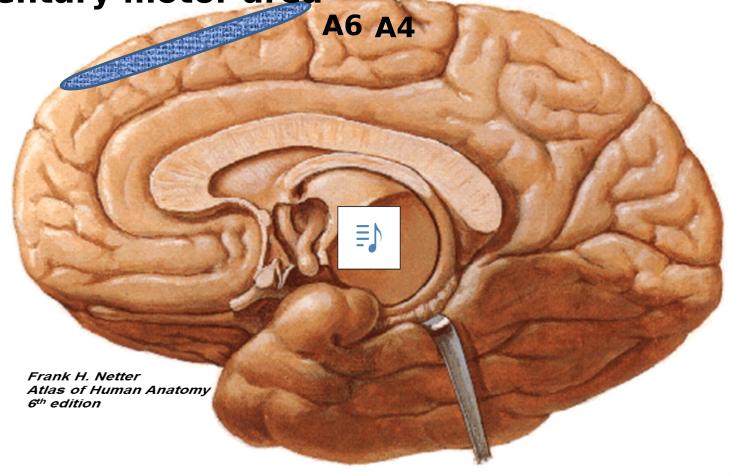
(Akinetic mutism)
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difficulty in performing complex





oca's Area = Motor speech area

pplementary motor area



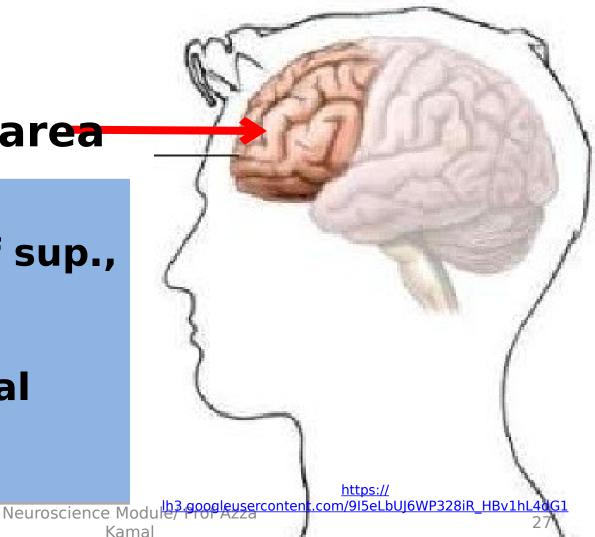
Prefrontal area

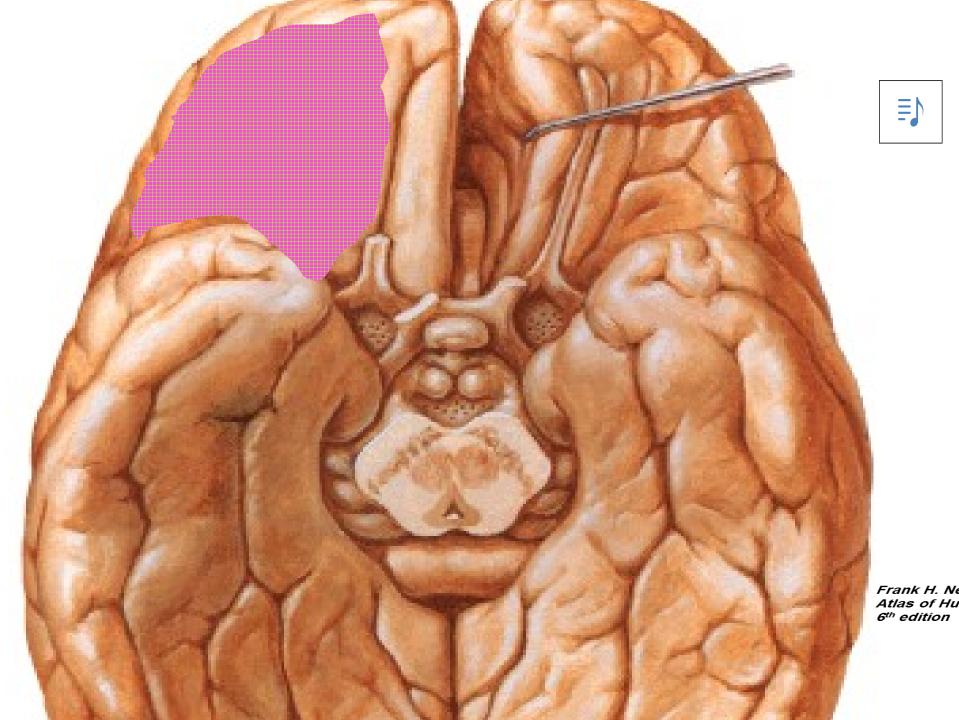


Prefrontal area

Site:

1) Remainder of sup., middle & inf. frontal gyri 2) Most of medial frontal gyrus 3)Orbital gyri







Function

- 1) Intelligence
- 3) Ability to predict consequences of an aethonavior, Mo
- & personality

Lesion 2) Expression of emotienanges in 4) Controls behavior, modersonalit

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Broca's area lies in which of the following sites?

A.Prefrontal area
B.Precentral gyrus
C.Superior frontal gyrus
D.Inferior frontal gyrus
E.Medial frontal gyrus

MCQ to test functional areas in the frontal lobe.

The Parietal Lobe



Sı **First Area A3,1,2**

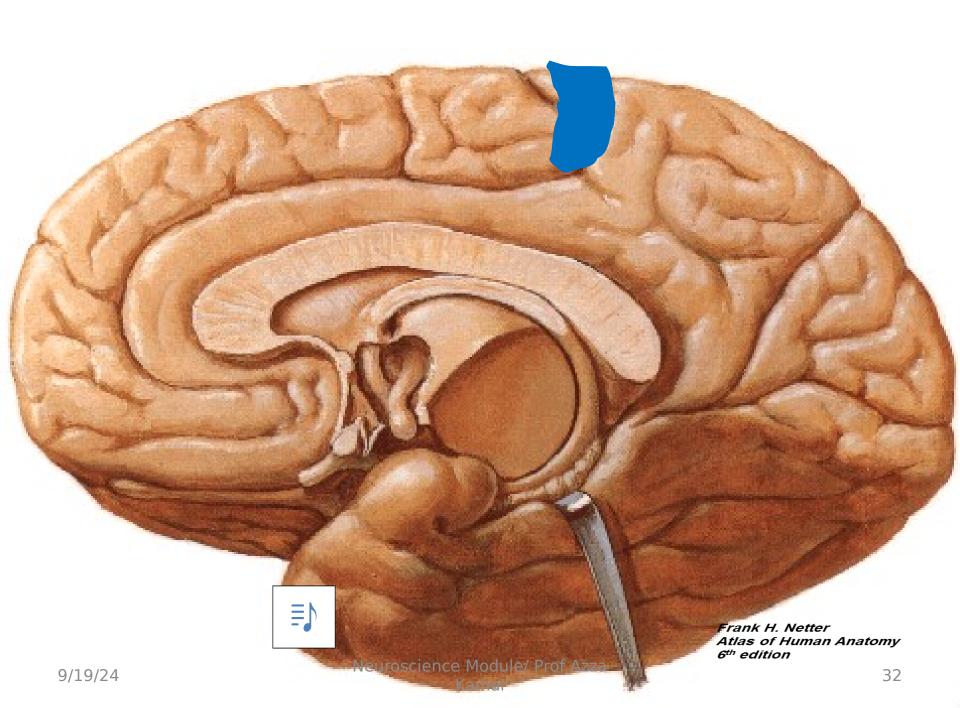
SII Second matosens Somatosenso area

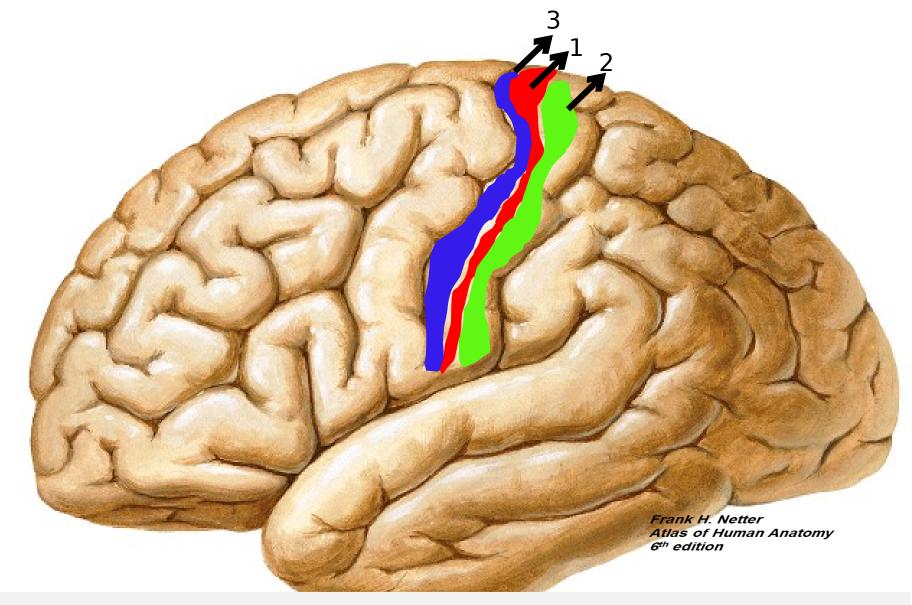
Tast area **A43**

Superidnferior parieta **lobule** lobule

Site post. central gyrus + post. part of naracentral

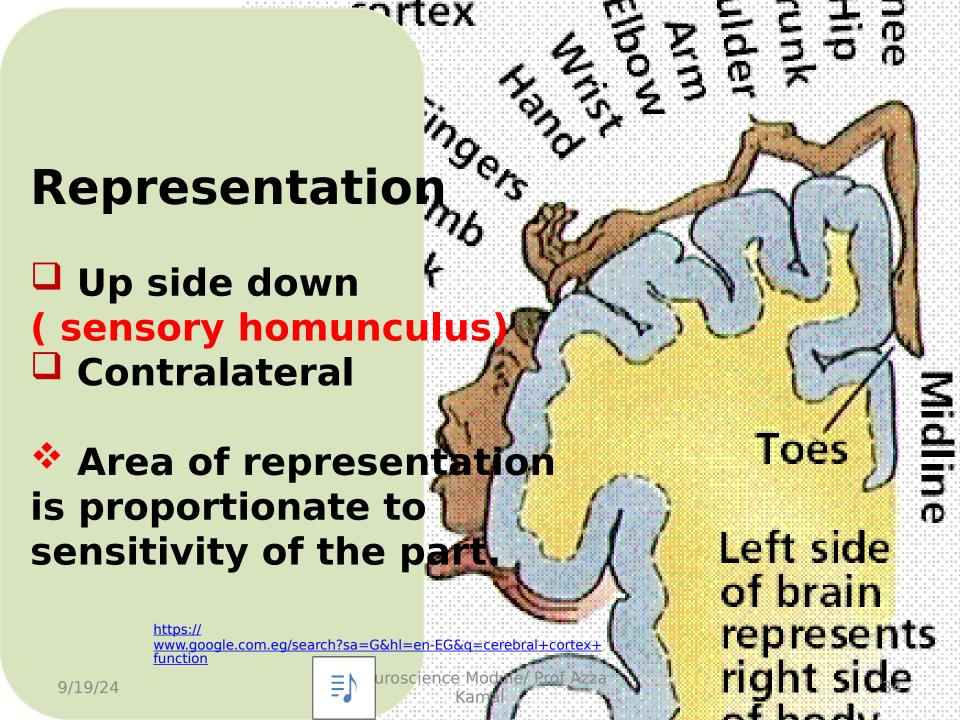
Site | superior lip of post. ramus of lat. sulcus behind central sulcus





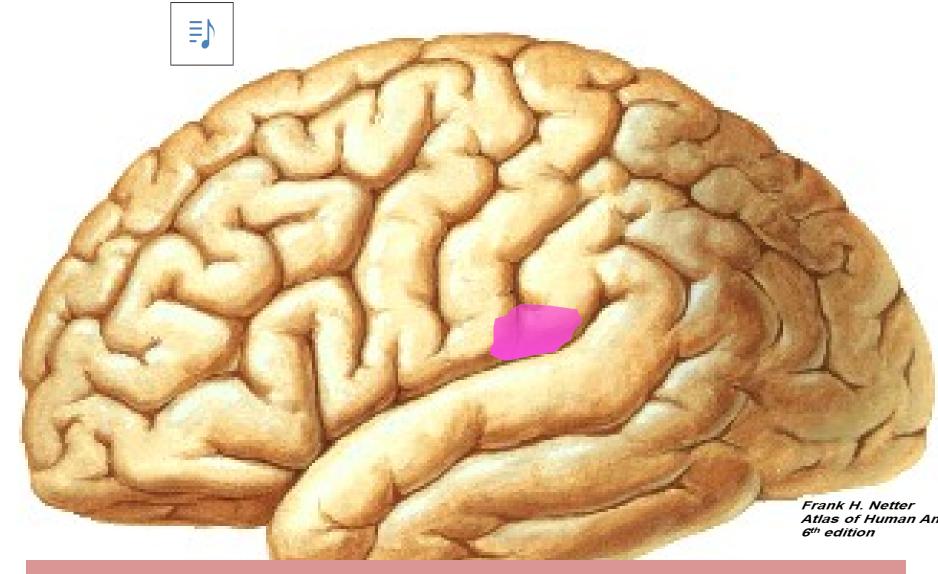
A3, A1, A2 receive cutaneous & proprioceptive stimuli professione prof

33



Function Lesion of S1 area Contralateral Hemianesthesi receives sensory impulsepaired sensation from thalamasposite side of body





Site: superior lip of post. ramus of lat. sulcus, behind the central sulcus

SII {Second somatosensory Area} transient sensor Representation: Bilateral

Head anterior Legs posterior



Function: Perception

stimuli (brush stroke)sensory loss

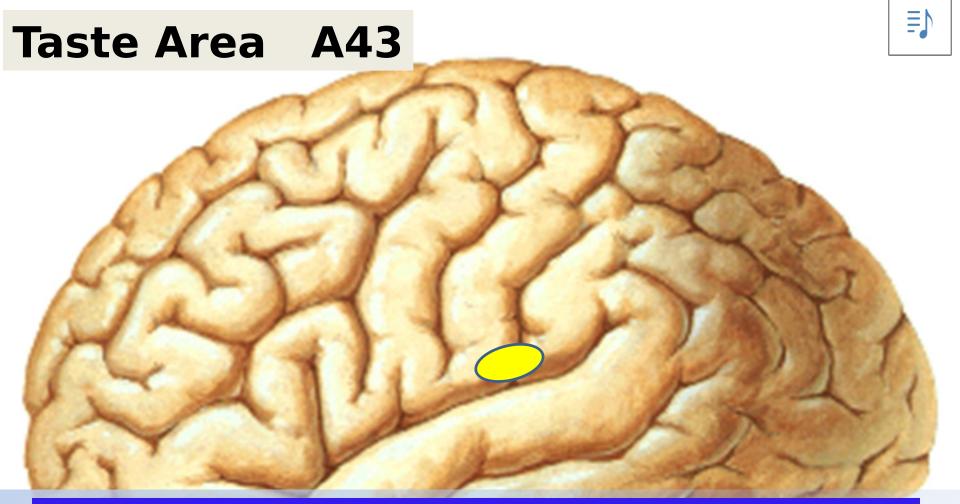
Lesion:

No recognizable





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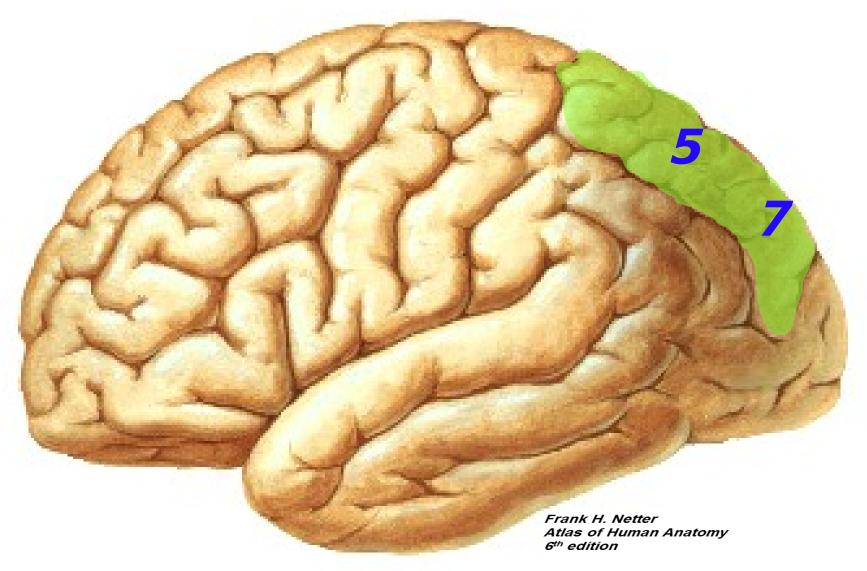
Receives ipsilateral solitariothalamo cortical fibers from VPMN
of thalamus

Frank H. Netter Atlas of Human Anatomy

uroscience Module/ Prof Azza

Kamal





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Function:

Integrates sensation received from S1 & stor them as long term memories of past expenability to recogni Contains Stereogn

Lesion: **Astereognosis** familiar objects by touch)



center



A 40 + A39 (inf parietal lobule)

+post part of sup temp Gyrus

+ post part of middle temp Gyrus (temporal lobe)

=Wernicke's area= sensory speech area



Frank H. Netter

6th edition

Atlas of Human Anatomy

Wernicke's area is present only in the Neuroscience Module/ Prof Azza





Function

Wernicke's area ensory speech area Responsible for Aphiderstanding speech (heard or seen)

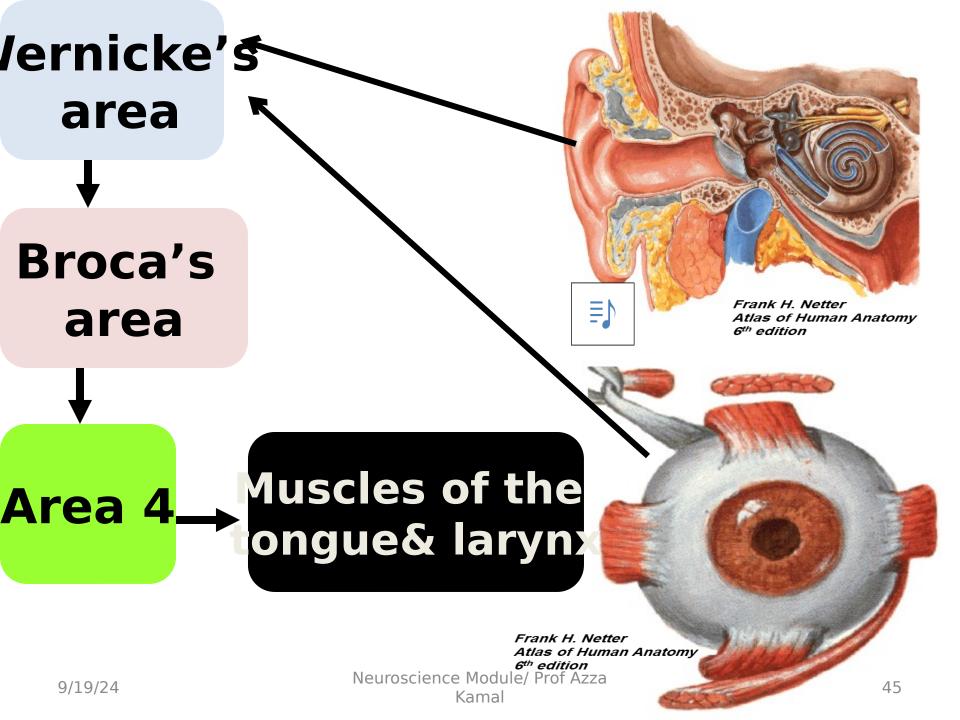
Lesion
Sensory
(receptive)
Aphasia | patient ca
not understand
spoken or written wor

Important Note:

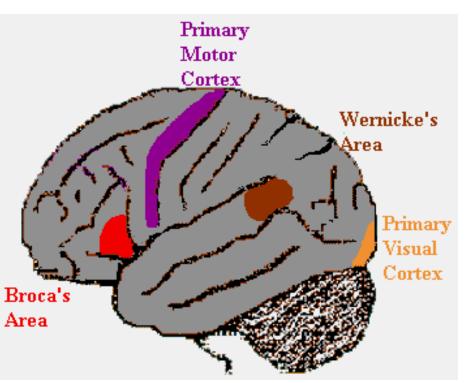
Speech center 3 re

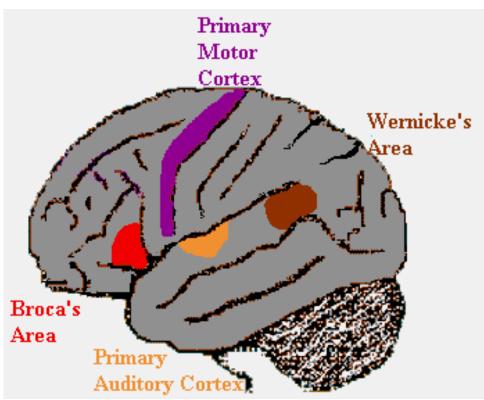


- 1) Motor (anterior) speech center {Broca's area [A44,45 }
- 2) Sensory(posterior) speech center {Wernicke's area \sqcap A39,40 }
- 3) Third (Seus De Kamal Coffee Speech



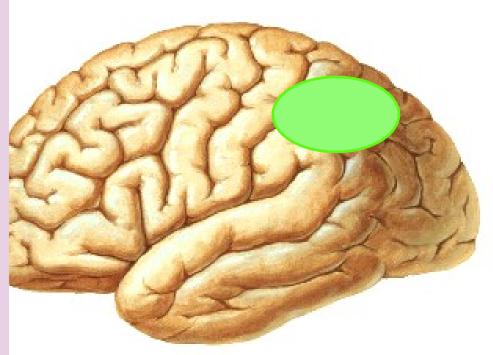
peaking the seen woften king the heard word





https://www.google.com.eg/search?sa=G&hl=en-EG&q=kids+coloring+book+brain

Parietal lobe recognizes orientation of contralateral half of body (awareness of body parts) **Lesion: sensory** neglect (contralateral hemineglect) patient fails to recognize



Frank H. Netter Atlas of Human Anatomy 6th edition





https://www.google.com.eg/search?sa=G&hl=en

He shaved right side of beard & neglected left side

He dresse d right sleeve of jacket neglec ted to dress left upper limb

de la comineglect

Usually lesion is manifest if right hemisphere (non dominant) is affected

Following a vascular stroke affecting the parietal lobe of the right cerebral hemisphere, a right handed patient is expected to complain fro of the following symptoms?

- A. Motor aphasia
- B. Inability to move his left arm
- C Inability to move his left foot
 - D.Inability to recognize opposite side of body as its own.

MCQta test Sunstigual areas and Jesions of Parietal lobe Neuroscience Module/ Prof Azza

Temporal lobe



4 41, 42 A 22

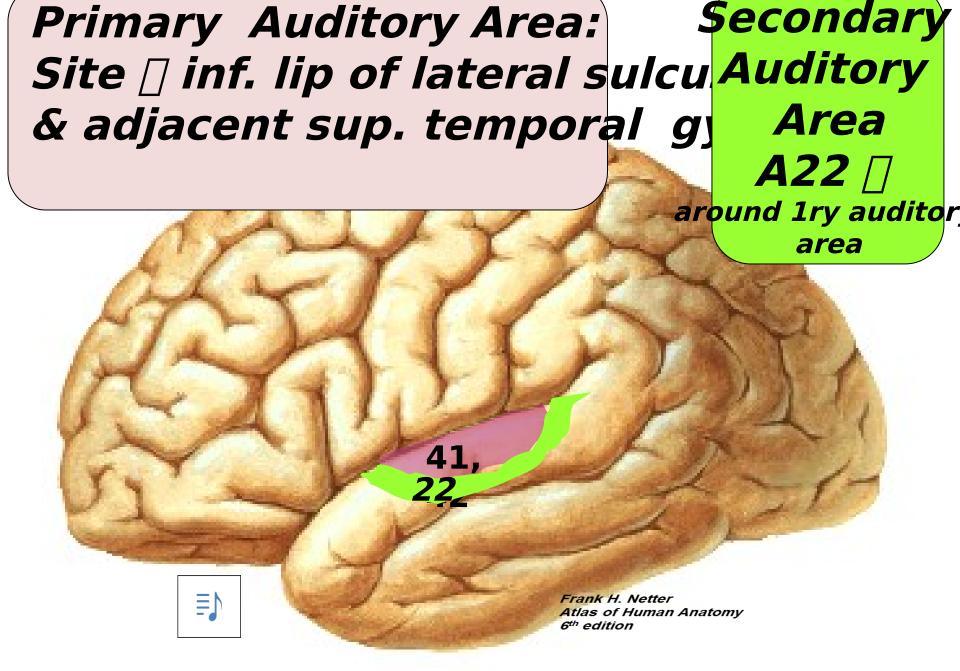
Part of : Nuditory Facial -Wernicke's Area

Area

Area

Facial -Wernicke's Area area -Olfactory areas





Primary Auditory Area(A41,42)



Secondary Auditory Area (A22)



Inction: perception Function:

hearing from both eaunderstands auditory stimuli by associating

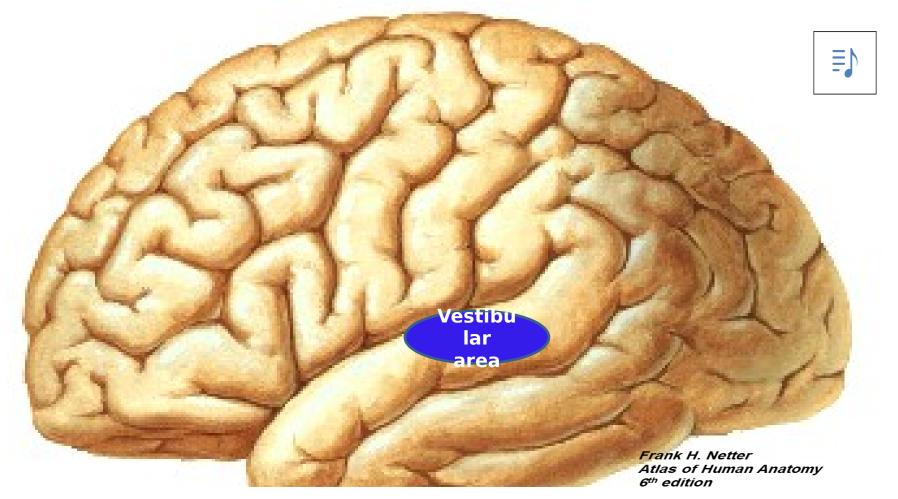
Lesion: them with past experien

impaired hearing not loss because

Lesion:

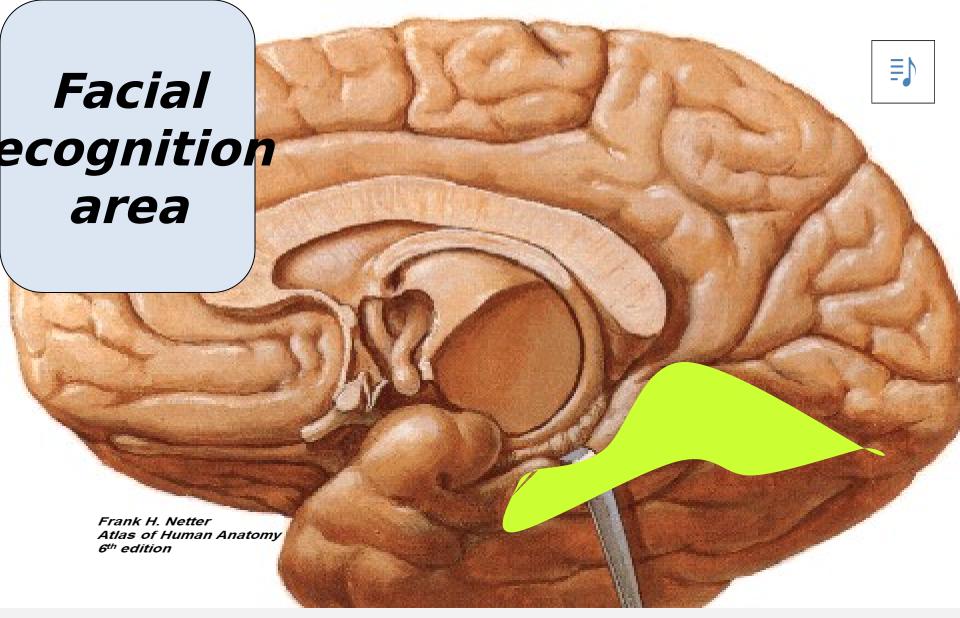
ochlea is bilaterallaguditory verbal agnosi represented (inability to understand soul

estibular area: close to auditory area



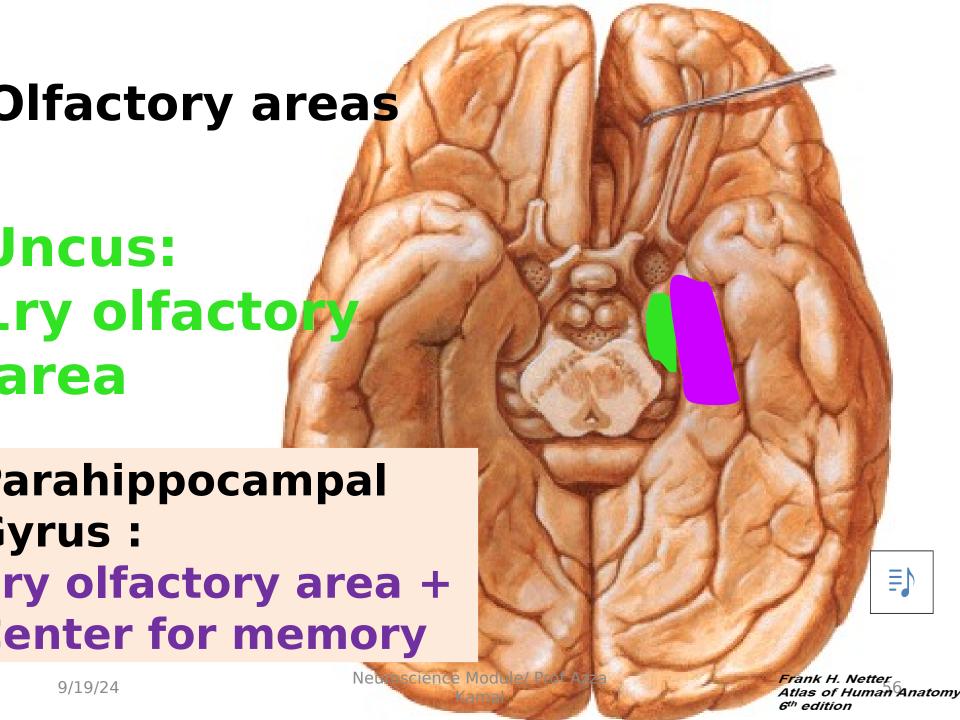
ves information about head position & moven vestibular nuclei Neuroscience Module/ Prof Azza

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nf. surface of temporal & occipital le





A patient complains of inability to understand sounds. This is known as

which of the following?

- (A). Sensory aphasia
 - **B. Verbal agnosia**
 - C. Prospagnosia
 - **D.Impaired hearing**

E Anosmia McQ to test Functional areas and lesions of Temporal lobe

The occipital lobe



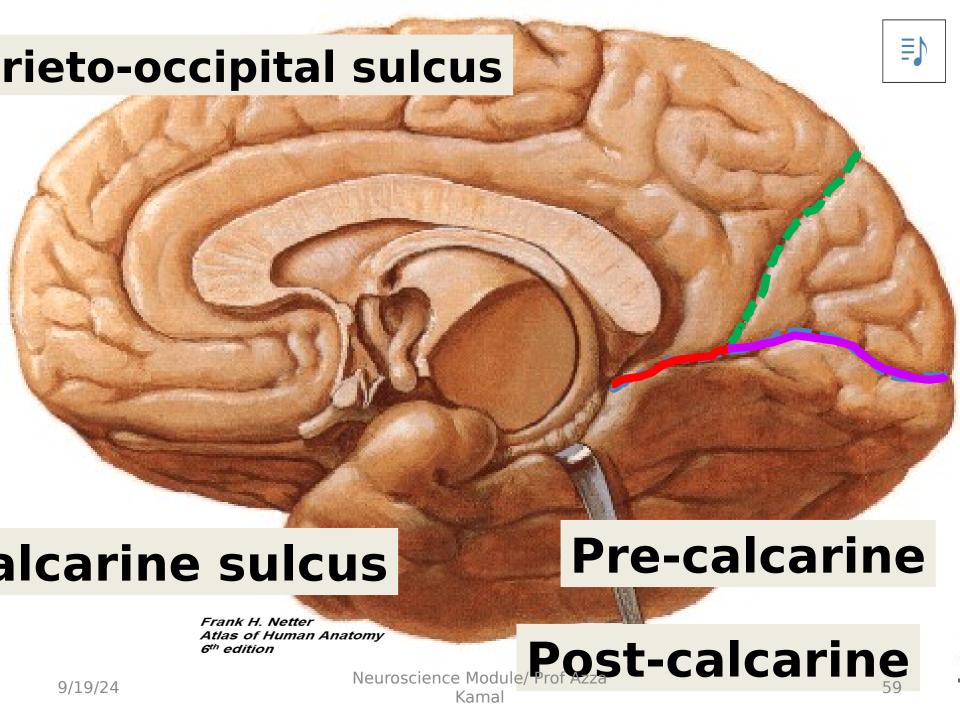
Primary Area **A17**

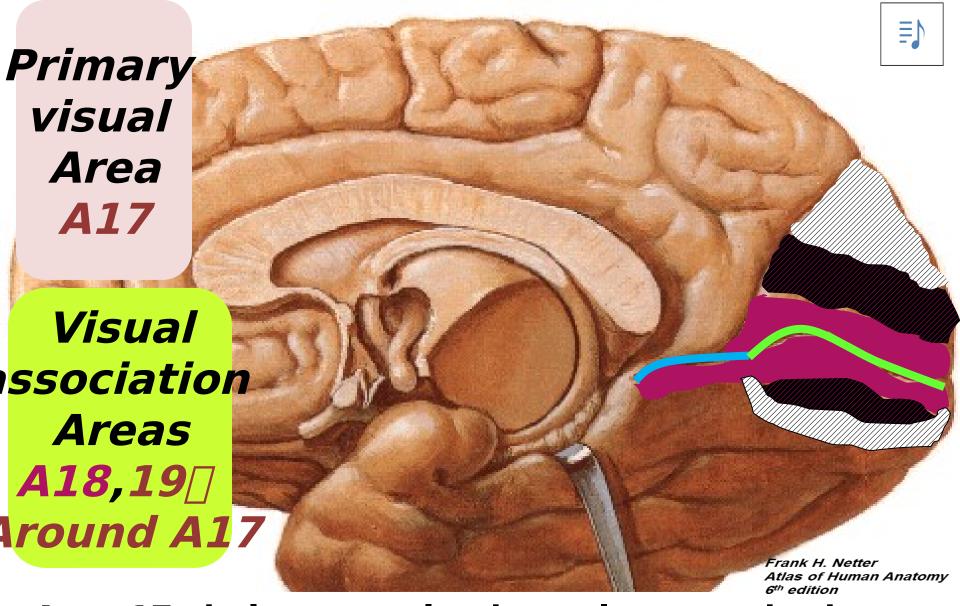
Visual visual association Areas A18,19

Part of **Facial** recognition area

Occipital Eye field







Area 17 below precalcarine sulcus+ on both sides of postcalcarine sulcus+ extends on lat. surface till lunate sulcus



Primary visual Area A17

Visual ssociation Areas A18,19



Primary visual Area(A17)

unction : perception of vision ceives stimuli from 📙 🗲

lat.geniculate body)

esion : Homonymous Hemianopia loss of opposite field https://lh3.googleusercontent.com/x8mG766c6vlubaqWltiv 9/19/24 **of Vision** Neuroscience Module/ Prof Azza

Visual Association Areas(A18,19)

Function: stores past visual experience to identify objects & help discriminate colors

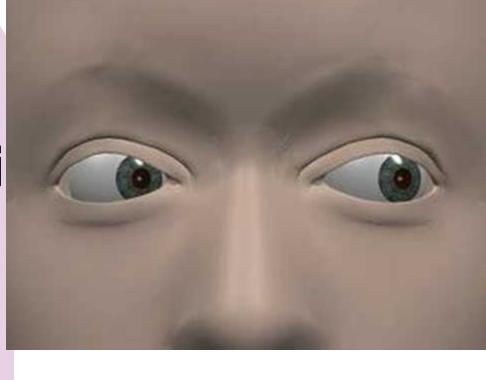
Lesion | visual agnosia (patient can see BUT can not identify what he sees)



Occipital Eye fi

Site: in **A17** &

Responsible for Involuntary (reflex)
Conjugate eye movement



lh3.googleusercontent.com/hvBzQX4oEYn



Cerebral Asymmetry

ht & left hemispheres are identical as regards sulci &

ech areas are present in hemisphere only ninant Hemisphere)

% of people are right -handed those ,the left hemisphere e Dominant hemisphere.

ight or left hemisphere may be dominan

Which of the following functional areas of the cerebral hemispheres lies below the pre-calcarine sulcus, on both sides of post-calcarine sulcus

(and extends on the lateral s the lunate sulcus?

- A. Primary visual area
- **B. Visual association area**
- C. Primary auditory area

Dico for the pal areas and lesions of Occipital lobe. E. Facial recognition area

9/19/24



Thank You

Reference:

Clinical Neuroanatomy, Richard Snell, 7th edition

Functional areas : Pages 288-295

